STATE OF VERMONT
Department of Education
120 State Street
Montpelier, VT 05620-2501

Vermont Microsoft Cy Pres Program
Voucher Request Form

NOTE: List only ONE school per Voucher requests form.

SU/District Name: _____School Name: _____

Contact Name: _____Title: _____

Phone: _____E-mail: _____

I hereby certify that the information on this form is true and correct and that the purchases described herein meet the requirements of eligibility for the "Vermont Microsoft Cy Pres Program". Furthermore, I certify that the purchases described on this form align with the current Technology Plan for our Supervisory Union/District as indicated below.

_____   _____
(Superintendent)   (Date)

Total Voucher Request: General (Equipment) $_____Software $_____

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1. Summarize the hardware/software purchases for which you are requesting reimbursement.

2. Copy and paste the goal(s) from your Technology Plan to which these purchases apply, AND for each goal describe why the purchases align.

3. Cite the particular Action Step(s) from your Technology Plan to which these purchases apply and describe why the purchases align with the Action Step(s).

Mail To: Peter Drescher, Vermont Department of Education, 120 State Street, Montpelier, VT 05620-2501